

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

November 1, 2018

Mr. Jayesh Shukla, Director
University Of Vt Medical Ctr Dialysis S Burlington
35 Joy Road
South Burlington, VT 05403

Dear Mr. Shukla:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 26, 2018**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/02/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 473503	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/26/2018
NAME OF PROVIDER OR SUPPLIER UNIVERSITY OF VT MEDICAL CTR DIALYSIS S BURLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 35 JOY ROAD SOUTH BURLINGTON, VT 05403		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments	E 000			
V 000	INITIAL COMMENTS	V 000			
V 117	IC-CLEAN/DIRTY;MED PREP AREA;NO COMMON CARTS CFR(s): 494.30(a)(1)(i)	V 117			

See attached Poc

11/1/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Carl M...* TITLE *10/9/18* (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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V 117	<p>Continued From page 1</p> <p>separately to each patient. Do not carry multiple dose medication vials from station to station.</p> <p>Do not use common medication carts to deliver medications to patients. If trays are used to deliver medications to individual patients, they must be cleaned between patients.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview, and record review, staff failed to ensure proper infection control practices by clearly separating clean areas, where supplies and equipment were handled and/or stored, from contaminated areas. Findings include:</p> <p>1. Per observation during all days of survey, numerous plastic blood clamps used on patients after their care, were soaking in a bleach solution [in a container] on the counter near a hand washing sink. Several other clamps, which were wet with solution, were air-drying on a blue disposable pad directly above patient supplies. The supplies included; gauze dressings, sterile dressings, tape, Band-Aid's, and ointments.</p> <p>Per review of the policy, Infection Control (REN195) 1. Infection Prevention Precautions for All Patients (A) (6) "Additional measure to prevent contamination of clean or sterile items include: Not handling or storing contaminated (i.e., used) supplies, equipment blood samples, or biohazard containers in areas where medications and clean (i.e., unused) equipment and supplies are handled."</p> <p>Per interview on 09/24/18 at 12:47 P.M. with a Registered Nurse and a Dialysis Technician, they</p>	V 117	<p><i>See attached Poc</i></p>	<p><i>11/1/18</i></p>	

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V 117	<p>Continued From page 2</p> <p>each verified that there were droplets hanging over the counter side and dried water marks on the shelves of the clean supplies. Both confirmed that there was the potential for cross-contamination of the clean supplies.</p> <p>2. Per observations on 9/24/18, multiple Dialysis Technicians were wearing protective gowns to decrease the risk of patient infections. These Technicians were observed reaching over a contaminated bleach container in order to access a container holding clean bleach cloths used to disinfect dialysis machines and surfaces.</p> <p>Per interview on 9/24/18 at 4:05 PM, a Registered Nurse confirmed that the container holding plastic blood clamps was considered to be contaminated, and that the container holding bleach cloths was considered to be clean. The clean and contaminated containers were sitting next to each other. In addition, when the Dialysis Technicians accessed the container holding the clean bleach cloths, there was the potential for the sleeves of the protective gown(s) to become contaminated by the dirty container.</p>	V 117	<p><i>See attached PCC</i></p>	<p><i>11/1/18</i></p>	

Dialysis Survey Response 9/24 – 9/26 – Joy Drive

E000 Initial Comments:

During the re-certification survey, conducted on 9/24/18 - 9/26/18 by the Division of Licensing and Protection the Emergency Preparedness survey was conducted. The University of Vermont Medical Center/South Burlington ESRD unit and Home Hemodialysis/Peritoneal Dialysis Program was found to be in Substantial Compliance with the Federal requirements for Emergency Preparedness.

V000 Initial Comments:

An unannounced on-site re-certification survey was conducted by the Division of Licensing and Protection from 9/24/18 to 9/26/18 to determine compliance with 42 Code of Federal Regulations Part 405 Subpart V, Condition of Participation: End Stage Renal Disease Services. The following regulatory violations were identified

V117 IC-CLEAN/DIRTY; MED PREP AREA; NO COMMON CARTS: CFR(s):
494.30(a)(1)(i)

Clean areas should be clearly designated for the preparation, handling and storage of medications and unused supplies and equipment. Clean areas should be clearly separated from contaminated areas where used supplies and equipment are handled. Do not handle and store medications or clean supplies in the same or an adjacent area to that where used equipment or blood samples are handled.

When multiple dose medication vials are used (including vials containing diluents), prepare individual patient doses in a clean (centralized) area away from dialysis stations and deliver separately to each patient. Do not carry multiple dose medication vials from station to station.

Do not use common medication carts to deliver medications to patients. If trays are used to deliver medications to individual patients, they must be cleaned between patients.

This STANDARD is not met as evidenced by: Based on observation, interview, and record review, staff failed to ensure proper infection control practices by clearly separating clean areas, where supplies and equipment were handled and/or stored, from contaminated areas. Findings include:

1. Per observation during all days of survey, numerous plastic blood clamps used on patients after their care, were soaking in a bleach solution [in a container] on the counter near a hand washing sink. Several other clamps, which were wet with solution, were air-drying on a blue disposable pad directly above patient supplies. The supplies included; gauze dressings, sterile dressings, tape, Band-Aid's, and ointments.

Per review of the policy, Infection Control (REN95) 1. Infection Prevention Precautions for All Patients (A) (6) "Additional measure to prevent contamination of clean or sterile items include: Not handling or storing contaminated (i.e., used) supplies, equipment blood samples, or biohazard containers in areas where medications and clean (i.e., unused) equipment and supplies are handled."

Per interview on 09/24/18 at 12:47 P.M. with a Registered Nurse and a Dialysis Technician, they each verified that there were droplets hanging over the counter side and dried water marks on the shelves of the clean supplies. Both confirmed that there was the potential for cross-contamination of the clean supplies.

2. Per observations on 9/24/18, multiple Dialysis Technicians were wearing protective gowns to decrease the risk of patient infections. These Technicians were observed reaching over a contaminated bleach container in order to access a container holding clean bleach cloths used to disinfect dialysis machines and surfaces.

V-117 POC accepted 10/30/18 D. Wideawake, EV / S. Perry, EV

Per interview on 9/24/18 at 4:05 PM, a Registered Nurse confirmed that the container holding plastic blood clamps was considered to be contaminated, and that the container holding bleach cloths was considered to be clean. The clean and contaminated containers were sitting next to each other. In addition, when the Dialysis Technicians accessed the container holding the clean bleach cloths, there was the potential for the sleeves of the protective gown(s) to become contaminated by the dirty container.

ACTION PLAN

- The Manager of Infection Prevention, Nurse Manager of Dialysis, Accreditation and Regulatory Affairs Team met on October 5, 2018 to generate facilities requests and create a workflow that would allow for separation of clean and dirty.
- Under the direction of the Nurse Manager of Dialysis, the space will be functionally separated through use of partitions into "clean" and "dirty" areas and labeled accordingly. One dirty area will be designated for soaking blood clamps after their use on patients. Two other sink areas will be clearly marked to designate a clean area for soaking of bleach wipes to be used to disinfect dialysis machines and surfaces.
- Doors were requested by Facilities and will be installed to cover the clean supplies.
- Each staff member will be required to attend a staff meeting and/or receive on-to-one training on the change in clean and dirty areas. This training will be documented.
- Monitoring to assess practice in compliance with Infection Control (REN195) 1. Infection Prevention Precautions for all patients around separation of clean and dirty will be conducted weekly for 4 months effective 11/1/18 by the renal nurse supervisor/ designee. Feedback as appropriate to performance will be shared with staff members. Once sustained compliance is achieved, monitoring frequency will be reevaluated by the Renal Nurse Supervisor.
- All action plans will be completed by 11/1/18

✓ 117 POC accepted 10/30/18 D. wideawake r/s. Reymed

October 09, 2018

Department of Licensing & Protection
HC2 South, 280 State Drive
Waterbury, VT 05671-2060

Re: CMS Certification Number (CCN): 472503
Survey ID: 42 CFR Part 405.2150

Dear Suzanne Leavitt,

Please find attached CMS-2567 form and the attached Plan of Correction in response to the Statement of Deficiencies from the survey completed by the Division on September 26, 2018.

The University of Vermont Medical Center is committed to continuously improving the quality of services we provided to our patients. As part of our ongoing performance improvement program, we would like to take this opportunity to respond to the regulatory deficiencies that were cited.

If you have questions regard the attached Plan of Correction or require further clarification, please do not hesitate to contact me.

Sincerely,

Carol Muzzy, Director
Accreditation & Regulatory Affairs
University of Vermont Medical Center
1 South Prospect Street
Burlington, VT 05401
Telephone: 802-847-5007
Fax: 802-847-6274
Carol.Muzzy@UVMHealth.org